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If USA citizen, complete FATCA form

INDIVIDUAL ACCOUNT OPENING FORM

CIF ID

**CONFIDENTIAL
TO BE COMPLETED IN BLOCK LETTERS**

GENERAL ACCOUNT INFORMATION

(Please indicate the category and type of account to open by ticking the applicable box below)

Branch

Account Type (1) Account Type (2)

Purpose of Account (1) Purpose of Account (2)

Account Number (1) Currency Type GH¢ € £ \$ Y Others

Account Number (2) Currency Type GH¢ € £ \$ Y Others

PERSONAL INFORMATION

Surname First Name Title

Maiden Name (if applicable) Other Name

Marital Status (Please tick as appropriate) Single Married Others(Pls specify) Gender Male Female

Place of Birth Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Maiden Name Nationality

TIN Number Resident Permit No.

Country of Origin Country of Residence

Permit Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Permit Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Profession / Occupation

SSNIT No

CONTACT DETAILS

Residential Address in Ghana

City / Town Nearest Landmark

Proof of Address (Indicate type and Serial Number) Mobile Number

Metropolitan, Municipal District Assembly Area (MMDA) Fixed Tel. No

Email Address

Mailing Address

VALID MEANS OF IDENTIFICATION

ID Type National ID Card National Driver's License Passport Voter's ID National Health Insurance Card Other

Country of Issue ID No.

ID Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK APPLICABLE OPTION BELOW)

Card Preferences ATM Card Master Card Visa Card Ezwich Card Easy Cash Others (Please specify)

Electronic Banking Preferences Internet Banking Mobile Banking Other Internet Banking Products

ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK APPLICABLE OPTION BELOW)

Transaction Alert Preferences Email Alert SMS Alert

Statement Preference Email Collection at Branch

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition Opened Cheque Crossed Cheque 25 leaves 50 Leaves 100 Leaves

EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Pls specify)

Length of period with current Employer

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Salary/Expected Income

Monthly Salary Less than GHc 1,000 GHc1,001 - 5,000 GHc5001 - 10,000 More than GHc10,000

Employer's Name

Employer's Address

Nearest Landmark

City/ Town Region

MMDA

Nature of Business

Office Phone Number Mobile Number

Employer's Email Address

DETAILS OF NEXT OF KIN (IN CASE OF EMERGENCY) CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT

Surname First Name Title

Middle Name Gender Male Female

Relationship

Phone Number (1) Phone Number (2)

Residential Address

MMDA/Region

ADDITIONAL DETAILS (IF THIS IS ACCOUNT HOLDER'S NAME)

Full Name of Beneficiary Owner(s) of the Account (if applicable)

EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account 1

2

Level of Deposits (Amount) Frequency of Deposits

Expected Monthly Income from other Sources Frequency of Withdrawals

Name of Associated Business(es) (if applicable) 1

2

Type of Associated Business

Associated Business Address

ACCOUNTS HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNTS HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER																	
3																				
4																				
5																				

CHEQUE PRE-CONFIRMATION POLICY

Confirm all cheques from _____ and above.
 (All Cheques below the said amount would be paid without a call to you for confirmation)

Confirm all cheques that originate from my account.

TERMS AND CONDITIONS

DECLARATION

Where this application is for a Joint Account, I being one of the joint holders of this account hereby agree that in the event of my demise, the Bank is authorized to pay (subject always to provisions of the Estate Duty Enactment, Faraid Law and the Laws of Republic of Ghana or any future legislation) an equal due portion of the balance standing to the credit of this account at the time of death to my beneficiaries as shall be indicated in the court-issued L/A or Probate and such payment shall constitute a valid discharge by the Bank of the amount due on the account. I/We the joint account holders acknowledge that the mandate given as to the operation of the account upon death of an account holder automatically terminates unless a fresh mandate is received from the surviving account holders.

We hereby authorize you to credit into our Joint Account funds and negotiable instruments belonging to or payable to either / any one of us. In consideration of the above and the Bank agreeing to place all amounts received by the Bank from cheques and other negotiable instruments favouring either / any one of us to the credit of our Joint Account and to deliver any instrument or cheque the Bank may hold on our Joint Account to either / any one of us, we jointly and severally undertake to keep the bank harmless and keep the Bank howsoever indemnified against all losses, claims, demands, proceedings, costs, expenses and other liabilities whatsoever and whenever incurred or arising from our authorization above, subject to the Bank's right to reject at any time and at the Bank's discretion for any reason whatsoever any instrument or cheque received.

ATM Card (Individual or Sole Proprietor Account only)

I, the holder of the above account / the sole proprietor of the above firm, confirm having read and understood the ATM Terms and Conditions and hereby agree that the ATM Card Terms and Conditions shall be binding on me / us and my/our firm. In the event that, I should close my account / my firm be converted to a partnership or there be a change in any other form, I hereby undertake to notify the Bank at once and shall immediately return the ATM Card to the Card issuing branch of the Bank for cancellation / immediate termination and this agreement shall forthwith be terminated. In the event of any failure on my part in notifying the Bank promptly of any changes to the mode of operation of the account / in the constitution of my firm, I shall not hold the Bank for any losses or damages by me or any other person and I undertake that I shall at all times thereafter indemnify the Bank (its successors in title and assigns) in full and keep the Bank indemnified against all liabilities in respect thereof and against all actions, suits, proceedings, claims, demands, losses, costs, damages and any expenses whatsoever which may be taken or made against the Bank or incurred by the Bank arising therefrom.

General

I / We / Representative of the organization am / are authorized to open the above customer records and / or account(s) record and hereby furnish the particulars required to open the account and declare that all the information is correct. I / We / Representative of the organization undertake to inform the Bank of any changes to my / our personal / organization's details. By signing the Account Opening Form and affixing the rubber stamp of the organization, I / We / the organization confirm that I / we / the organization have / has received, read and fully understood the Bank's Terms and Conditions of Deposit Accounts, Notice of Mandate (if any) and agree to comply with and be bound by and any amendment(s) to the same which the Bank may subsequently introduce. An "Account" shall include but is not limited to a Deposit Account or other Account which the Bank may offer to me / us / representative of the organization.

I / We / Representative of the organization declare that prior to or at the time of the opening of this account, I/we/the organizations have/has not: a) committed any act of bankruptcy; or b) been subject to any resolution or petition for winding up or insolvency being made or presented against me/us.

I / We / Representative of the organization hereby agree to indemnify the Bank as collecting banker against all losses, claims, demands proceedings, costs, expenses and other liabilities whatsoever and whensoever which the Bank may incur on any cheque, bill, note, draft, dividend warrant or other instrument presented by me / us / representative of the organization for collection and shall be deemed to have been collected at my/our expressed request in every case for the credit of my / our / the organization's account.

The Bank reserves the right to accept or reject this application without assigning any reason whatsoever.

I / We / Representative of the organization agree to be bound by the Terms and Conditions herein and the Terms and Conditions appearing on the reverse of the FD Receipt.

RULES AND REGULATIONS GOVERNING OPERATIONS OF CURRENT ACCOUNT

The customer must sign the Rules & Regulations (R&R) governing the operation of current account, which shall be kept by FBNBank Ghana (hereinafter referred to as the Bank). The R&R are as follows: -

1. The Bank undertakes to honour and debit the customer's account at the customer's request with all cheques, drafts, bills, promissory notes, acceptances and other negotiable instruments and orders drawn, accepted or made out by the customer, and to carry out any instructions that may be given in connection with the customer's account subject to the credit balance on the account or an agreed overdraft limit.
2. The customer shall make available to the Bank in prescribed form a specimen signature (or thumb print if permitted by the Bank) of every person authorized to operate the account. Instructions for signing and operating the account shall also be provided. Unless otherwise agreed all signatories are entitled to withdraw all or any of the customer's properties or securities held by the bank from time to time and may open further or additional accounts in the name of the customer and may overdraw any of the customer's accounts. Authorized signatories shall be able to endorse and sign (but not limited to) all cheques, drafts, bill, promissory notes, acceptances, or any negotiable instruments and orders, foreign exchange contracts, documentary letters of credit application forms, indemnities and guarantees, Bankers Acceptance agreements, trust receipts, applications for telegraphic transfers/demand drafts/ bankers cheques and any other payment instruments and all agreement documents with the Bank.
3. The customer will take all reasonable precautions to:
 - i) Draw cheques with reasonable care in order to prevent forgeries and/ or alterations, which could mislead the bank.
 - ii) Not to issue cheques when there are insufficient funds in the account or accounts.
 - iii) Notify the Bank as soon as customer becomes aware of any fraud being or having been perpetrated on the accounts or any information that may assist the bank in the detection of any fraud to be or being perpetrated.
 - iv) Regularly check the Bank's statements of accounts pertaining to the account(s) and / or bank slips to prevent and / or establish any possible fraud or mistakes on the account(s) and notify the Bank accordingly as per clause 8.
 - v) Look after, safeguard and ensure that all cheques and seals are kept in safe custody.
4. The Bank is entitled and authorized to debit the accounts of the customer with all charges including (but not limited to) interest fixed by the Bank from time to time, advocates and legal fees incurred in obtaining advice/legal arbitration, legal action in connection with the customer's account commission/fees/service charges at such rate as the Bank may determine and all other proper expenses/charges/duty/taxes incurred in complying with the customer's request.
5. The bank reserves the right to stop or dishonor any cheques opens for cash drawn in favour of third parties. The bank also reserves the right not to effect any payment it is unable to confirm.
6. Where the bank received several orders at approximately the same time the total amount of which exceeds the customer's available balance, the bank may honor orders and apportion funds in whatever manner it deems fit.
7. Deposit of cheques or commercial items (whether or not drawn or payable) by the customer shall not be available for withdrawals until collected funds are received and / or paid by the bank. Before making any withdrawal or writing cheques, the customer must ensure that funds are available in the account(s). The customer must allow sufficient time after making any deposit or transfer to enable the Bank to carry out the necessary bookkeeping operations to credit the account(s).
8. The customer's usual statement of account, bank slips and advices with respect to the account will be sent per request to the customer's last known address as advised by the customer. All notices sent to customer via this mode is deemed to have been delivered to the customer notwithstanding the failure of the medium of delivery. Further, any notice or letter sent through the customer's address shall be validly sent and shall be deemed to have been duly delivered to and received by the customer within seven (7) days if delivered in the ordinary course of business. The customer will inform the Bank within fourteen (14) days of the dispatch of such bank's statements, bank slips and advices if it disputes any entries therein. If no notice of dispute of any bank's statements, bank slips or advices is received within the fourteen (14) days grace period the Bank will deem that all bank's statements, bank slips or advices rendered is accepted as correct and in order.
9. The Bank may without notice to the customer set off credit balance in the customer's account(s) against any indebtedness of the customer.
10. All cheques or other orders for payment of whatsoever nature are accepted for deposit for collection at the risk of the customer. Where any cheque or order is unpaid for any reason whatsoever (including but not limited to physical loss), the Bank may debit the customer with the amount previously credited (taking into account any exchange fluctuation where relevant) in respect of that cheque or order. The Bank will not be liable for any cheque or order that has been lost in transit.
11. The Bank may at any time upon notice to the customer terminate or vary the business relationship with the customer. The Bank may with due notice to the customer close the account(s). Further the Bank may cancel any overdraft/loans, which it has granted, and require its repayment together with interest therein.

12. The bank may at any time freeze any account of the customer if and so long as there is any dispute or the Bank had doubt for any other reason (whether or not well founded) as to the person or persons entitled to operate the same, without any obligation to institute interpleaded proceedings or take any steps of its own initiative for the determination of such dispute or doubt.
13. The Bank may refuse payment of cheques not drawn on the Bank's cheque form in the manner specified and issued by the Bank. The Bank may also refuse to issue cheque book(s) to the customer if the requests for cheque book(s) are not made in the bank's pre-printed requisition slips found in the cheque book.
14. Notwithstanding the provisions of clause 8 herein any money credited to the customer in error must be repaid on demand.
15. The Bank is authorized to comply with documented instructions from the customer transmitted to the Bank through mail, messenger, facsimile, computer, email or other electronic means provided the customer's authorized signatories initiate such instructions. The Bank is however not obliged to act on these instructions and at its discretion may require further or better confirmation or hard copies of electronic transmissions before action on these instructions.
16. The Bank shall not be responsible or liable for any delay caused in complying with customer instructions caused by a break in communication between branches and the Head Office/ central server of the Bank due to electrical or other mechanical failure beyond the control of the Bank.
17. The Bank is not liable in any way to the customer for having honoured even negligently any cheque the signature or content of which has been forged if the customer has failed to comply with clause 3 or the forgery has been perpetrated by an employee, servant, agent or contractor of the customer.
18. Stop payment instructions should be made or confirmed in writing.
19. The customer agrees that the Bank may include any of the customer's personal data in the FBNBank Ghana Customer group systems which may be used by other banks or financial institutions subject to the requirements of Data Protection laws of Ghana for banking and credit assessment, statistical analysis including behaviour and credit scoring and to identify products and services (including those supplied by third parties) which may be relevant to the customer and used by the Bank to market such products.
The Bank will disclose personal data outside the FBNBank Ghana only: -
 - a) For fraud prevention purposes
 - b) To licensed credit references agencies
 - c) To sub-contractors or persons acting as the bank's authorized agents.
 - d) To any person who may assume the customer's rights under these rules.
 - e) If the bank has a right or duty to disclose or are permitted or compelled to do so by law.
20. The bank shall be entitled to change these rules and regulations by displaying a copy of any change in its banking hall for a period of one (1) month.
21. The bank shall be entitled to disclose the details of cheques dishonoured (dud cheques), and or any other details called for by any statutory or regulatory agency like Central bank of the country, law enforcement agencies of the government, etc. without any further reference.

I / We hereby confirm that we have read and understood the above-mentioned rules and regulations and are agreeable and bound by them.

MAIN RULES AND REGULATIONS GOVERNING SAVINGS ACCOUNTS

1. The minimum deposit for opening and maintenance of a savings account will be stipulated by the bank.
2. Interest shall be calculated by the bank at its prevailing rate and credited to the depositor's account on the last day of each quarter or upon closing of account. Interest will not be paid on a balance that is less than the minimum maintenance balance set by the bank
3. The depositor shall notify the bank of any changes of address or other relevant personal data.
4. The bank reserves the right to close an account that violates the minimum maintenance balance and becomes inactive for a period exceeding six months after the last transaction.
5. The bank reserves the right to add, delete or amend any of the rules and regulations at any time.

INTRODUCER

Name
As in IC / Passport

Bank

Account Number

Office Tel Mobile Tel

IC/Passport Biz Registration

Signature

ACCOUNT OPENING MANDATE

Single Jointly (Both to Sign)
 Others (Specify)

Primary Account Holder

Name

Telephone Number <input type="text"/>	Signature: <input type="text"/> Date: <input type="text"/>	Affix Passport Photograph Here
Class of Signatory <input type="text"/>		
Mandate instruction specific to signatory <input type="text"/>		

Joint Account Holders

Name

Telephone Number <input type="text"/>	Signature: <input type="text"/> Date: <input type="text"/>	Affix Passport Photograph Here
Class of Signatory <input type="text"/>		
Mandate instruction specific to signatory <input type="text"/>		

Name

Telephone Number <input type="text"/>	Signature: <input type="text"/> Date: <input type="text"/>	Affix Passport Photograph Here
Class of Signatory <input type="text"/>		
Mandate instruction specific to signatory <input type="text"/>		

Name

Telephone Number <input type="text"/>	Signature: <input type="text"/> Date: <input type="text"/>	Affix Passport Photograph Here
Class of Signatory <input type="text"/>		
Mandate instruction specific to signatory <input type="text"/>		

DECLARATION

I/We hereby apply for the opening of account(s) with Bank. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

DISCLOSURE TO CREDIT REFERENCE BUREAUS

The Bank will obtain information about you from the credit reference bureaus to check your credit status and identity. The bureaus will record our enquiries which may be seen by other institutions that make their own credit enquiries about you.

The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td> </td><td> </td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	Y	Y	Y	Y				
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M	M																						
Y	Y	Y	Y																				

(THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Mark of Customer/ Thumbprint/Signature	<input type="text"/>	Mark of Interpreter/ Thumbprint/Signature	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td> </td><td> </td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	Y	Y	Y	Y				
D	D																						
M	M																						
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Name & Address of Interpreter	<input type="text"/>																						
Language of Interpretation	<input type="text"/>																						

FOR BANK USE ONLY

REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Duly completed Account opening form				
2	Specimen signature card duly completed				
3	Recent passport photograph				
4	Proof of identity: International passport, Driver's license or National Health Insurance card, Valid Ghanaian Voters ID Card (original must be sighted)				
5	Resident Permit (for non-Ghanaian)				
6	Proof of Address: Utility bills, etc. (Certified true copy is acceptable if original is not held)				
7	Letter from Employer / School (for salary account and or student only)				
8	Reference Letter (Others)				

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person? Yes No

Low Risk Medium Risk High Risk

A. ACCOUNT OPENED BY:

Name	<input type="text"/>																				
Signature	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td> </td><td> </td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	Y	Y	Y	Y				
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Y	Y	Y	Y																		

FOR BANK USE ONLY

B. DEFERRAL / WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y

C. DOCUMENT VERIFICATION CARRIED OUT BY:

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y

Comments:

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y

For higher risk category, (Head Risk/Compliance; Head Operations; MD/CEO may sign:

Designation

Signature

Date

D	D	M	M	Y	Y	Y	Y